**TIQMS REGISTRATION FORM FOR SHORT COURSES**

**Please e-mail to** **info@tiqms.co.za**

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| **REGISTRATION INSTRUCTIONS**1. Complete each section fully. This is an official booking form.
2. Copy of learners’ ID document must be sent with this form.
3. Valid purchase order must be sent with this form if required by the company
4. Payment must be received 7 working days before start of course.
5. All public courses will be held at TIQMS TSA Business Centre. Bauhinia Street., Highveld, Centurion.
6. Electronic certificates will be e-mailed.
7. Cancellation 0 - 7 working days before the course: 100% of fee will be payable.
8. Should a learner not arrive on the first day: 100% of fee will be payable.
9. **TIQMS reserves the right to cancel any course but undertakes to inform all affected learners as early as possible regarding such cancellations.**

**COURSE DETAILS** |
| Course Name. |  |
| Course Date. |  |
| Course Cost. |  |
| **INVOICE DETAILS** |
| Contact Person. |  |
| Company Name. |  |
| Postal Address. |  |
| City and Postal Code. |  |
| VAT Number. |  |
| Company Order Number - **State clearly if not applicable.** |  |
| E – Mail. |  |
| Tel Number.  |  |
| **LEARNER DETAILS** |
| Learner Full Name and Surname. |  |
| Learner ID Number. |  |
| Tel or Cell Number. |  |
| E-mail. |  |
| **CERTIFICATE/RESULTS** |
| **Please supply the following if the certificates and results must be sent to another person than the learner. 100% attendance is required.**  |
| E-mail address for certificate. |  |
| E-mail address for results. |  |
| **AUTHORISATION** |
| 1. **This registration needs to be authorized on behalf of the stated company or individual.**
2. **I understand that this registration form is an official booking onto the course and not just an enquiry.**
3. **I acknowledge that I have read and understood the terms & conditions and cancellation policy.**
4. **ID document and purchase order is attached.**

**Name:** **Designation: Tel:** **Signature: Date**: |